



YOUR GUIDE TO

A FROZEN SHOULDER

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Introduction

Please take note of the following before starting any of the exercises in this guide:

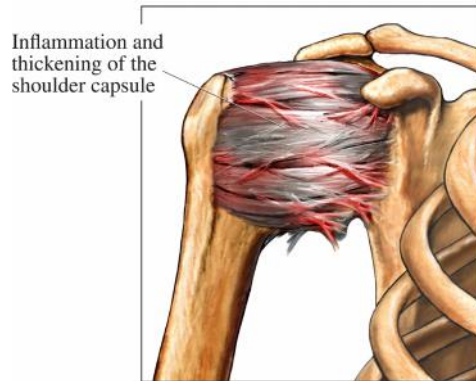
- The information contained in this guide is intended to assist in managing your recovery.
- This guide is based on the latest medical research in the field and contains the best advice available to the best of our knowledge.
- This guide is complimentary to other medical services and is not intended as a substitute for a health care provider's consultation. Never disregard medical advice or delay in seeking it because of something you have read in this guide.

● Many people have found quick and lasting relief from their Frozen Shoulder by acting upon the information provided, but everyone decides for themselves what to do with this information. Should you doubt a particular exercise in your situation, please consult your health professional.

When consulting your health professional, it is wise to take this guide with you to show them.

What is frozen shoulder?

Frozen shoulder is a condition where a shoulder becomes very painful and stiff. Movements of the shoulder become reduced, sometimes completely 'frozen'. It is thought to be due to scar-like tissue forming in the shoulder capsule. Without treatment, symptoms usually go, but this may take up to 2-3 years. Various treatments are used to ease pain and improve the movement of the shoulder.



What are the symptoms of frozen shoulder?

The typical symptoms are pain, stiffness, and reduction in the range of movement of a shoulder.

The symptoms typically have **three** phases:

- **Phase one - the 'freezing', painful phase.** This typically lasts 2-9 months. The first symptom is commonly pain. Stiffness and a limitation to movement can also gradually build up. The pain is typically worse at night, and when lying on the affected side.

- **Phase two - the 'frozen', stiff phase.** This typically lasts 4-12 months. Pain gradually eases but stiffness and limitation in movement remain often getting worse. All movements of the shoulder are affected but the movement most severely affected is usually rotation of the arm outwards.

The muscles around the shoulder may become wasted as they are not used.

- **Phase three - the 'thawing', recovery phase.** This typically lasts 5-24 months. The stiffness gradually reduces and movement gradually returns to normal, or near normal.

Symptoms often interfere with everyday tasks such as driving, dressing, or sleeping. Even scratching your back or putting your hand in a rear pocket may become impossible. Work may be affected in some cases. There is huge variation in the severity and length of symptoms. Treated or untreated the symptoms can last on average 2-3 years in total before going. In some cases it is much less than this. In a minority of cases, symptoms last for several years.

Who gets frozen shoulder?

Frozen shoulder affects about 1 in 50 adults at some stage in their life. It most commonly occurs in people aged between 40 and 60, and it is more common in people who have diabetes. Either shoulder can be affected but most commonly it is the non-dominant

shoulder. That is, the left shoulder in a right handed person. In about 1 in 5 cases the condition also develops in the other shoulder at some stage. Frozen shoulder is not a form of arthritis, and other joints are not affected.

What causes frozen shoulder?

The cause is not fully understood. It is believed that some scar tissue forms in the shoulder capsule. The capsule is a thin tissue that covers and protects the shoulder joint. The scar tissue may cause the capsule to thicken, contract, and limit the movement of the

shoulder. The reason why the scar tissue forms is not known. A frozen shoulder occasionally follows a shoulder injury, but this is unusual and most cases will occur for no apparent reason.

What are the treatment options for frozen shoulder?

The aim of treatment is to ease pain and stiffness, and to keep the range of shoulder movement as good as possible whilst waiting for the condition to clear. One or more of the following may be advised to help ease and prevent symptoms:

- **Anti-inflammatory painkillers:**

For example, ibuprofen, diclofenac, naproxen, etc. One of these drugs is commonly prescribed by your GP to ease pain. There are many different

brands. Therefore, if one does not suit, another may be fine. Side-effects sometimes occur with anti-inflammatory painkillers, therefore it is advised to always read the leaflet that comes with the drug packet for a full list of cautions and possible side-effects.

- **Ordinary painkillers:** Paracetamol or codeine may be an option if anti-inflammatory painkillers do not suit.

These do not have any anti-inflammatory action, but are good for decreasing pain. You can take painkillers in addition to other treatments.

- **Shoulder exercises:** These are commonly advised. The aim is to keep the shoulder from 'stiffening up', and to keep movement as full as possible. For most benefit, it is important to do the exercises regularly, as instructed by a doctor or physiotherapist.

- **Physiotherapy, Osteopathy and Chiropractic treatments:** Many people are referred to allied health professionals who will perform a full assessment on your shoulder and provide you with expert advice and treatment that is specific to your stage of injury. They will also be able to use specific techniques and demonstrate specific exercises which you can do that will help to maintain as much range of motion as possible in your shoulder throughout the three stages of injury

- **A steroid injection:** An injection into, or near to, the shoulder joint brings good relief of symptoms for several weeks in some cases. Steroids reduce inflammation, but it is not a 'cure' as symptoms tend to gradually return. Many people do however welcome the relief that a steroid injection can bring.

- **Nerve block:** This is a technique that a specialist may try. This is an injection to block the nerves that send pain messages from the shoulder. Like a steroid injection, it often eases symptoms for a while, but it is not usually a cure.

- **Hydrodistension:** Again, this is a technique that a specialist may try. This is a procedure where the joint space is expanded (distended) by injecting a liquid. In one study, saline (salt water) mixed with a steroid injected into the painful shoulder improved symptoms in a number of cases.

SURGERY

An operation is sometimes considered if other treatments do not help. Techniques that are used include:

- **Manipulation.** This is a procedure where the shoulder is moved around by the surgeon while you are under anesthetic.

- **Arthroscopic capsular release.** This is a relatively small operation done as 'keyhole' surgery. It is often done as a day-case procedure. In this procedure the tight capsule of the joint is released with a special probe. One recent research study showed that this procedure gave about an 8 in 10 chance of greatly improving symptoms. Because of the encouraging results of this research study, it may become a more popular treatment.

What exercises should I do?

Exercises phase 1

The exercises in this phase are focussed on maintaining the range of movement in your shoulder joint. All exercises should be done in a pain free range of movement. Trying to work into pain will only increase your

symptoms and prolong your recovery. If you are experiencing an increase in pain with any of the exercises it is important that you consult with your allied health professional before continuing.

STRETCHING EXERCISES

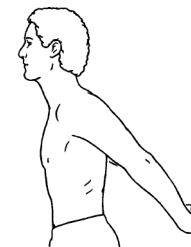
- Perform each exercise 2-3 times, holding the stretch for 30 seconds.

- There should not be any pain when performing a stretch it should be a comfortable pull.



POSTERIOR CUFF

Take one arm across your chest, taking care to keep your shoulders level. Use the other hand to pull your arm across your body. You may find this too painful to do initially. Be guided by your pain and if it makes it worse then **don't do it!**



ANTERIOR CUFF

Grasp your hands together behind your back, keeping your arms straight as you raise them. Be careful not to drop your head forward

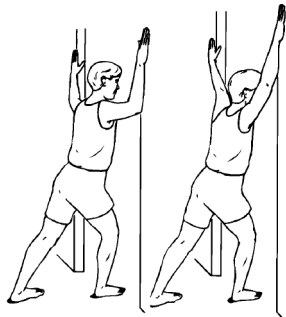
Exercises phase 1 (continued)

STRETCHING EXERCISES



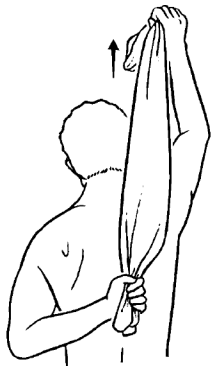
LEVATOR SCAPULAE

Sitting on the end of a bed or on a chair, place your left hand behind your back, fingers facing inwards and the palm of your hand flat on the surface. Now stretch your neck to the opposite side, i.e. turn your right ear towards your right shoulder.



DOOR STRETCH

Stand in a walking position, side on to a doorway or corner. Bend your elbow and support the forearm against the doorframe. Gently rotate your upper trunk away from the arm until the stretching can be felt in the chest muscles.



MEDIAL/LATERAL ROT STRETCH

Holding a towel, take one hand behind your neck and the other hand in the small of your back. Firstly pull down with the bottom hand and hold, and then pull up with the top hand and hold. Make sure that both hands are in a comfortable position to start, which may mean the top hand resting on your shoulder and gently getting your elbow towards the ceiling, and bottom hand resting on your hip and gently getting it up your back. Do not stretch into pain.

MOBILITY EXERCISES

● Perform each exercise 10 times
aim to repeat this 4-5 times a day.

● These exercises should not make
your pain worse. They should be
undertaken within a pain-free
range.



PENDULUM (FWDS/BKWDS)

Leaning slightly forwards from your hips and supporting body weight with opposite hand, gently move arm forwards and backwards by rocking body weight forwards and backwards. Let arm swing freely.



PENDULUM (CLOCK / ANTI-CLOCK)

Let arm move in a circle clockwise, then anti-clockwise by rocking body weight in a circular pattern.



PENDULUM (SIDE TO SIDE)

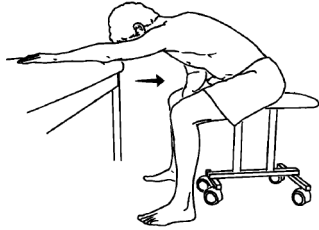
Leaning slightly forwards from your hips and supporting body weight with opposite hand, gently move arm from side to side rocking body weight side to side. Let arm swing freely.



SAWS

Supporting body weight with hand on table, reach out in front of you. Pull arm back pinching shoulder blades together.

Exercises phase 1 (continued)



FLEXION STRETCH

Sitting upright in front of a table, gently walk your fingers forwards along the table. If you can reach further you can start to bend forwards from the waist until a stretch is felt. Now walk back to the start position. Try and go a little further each time.



WALL CLIMBING

Standing front on to a wall. Reach out so that your fingers are touching the wall at hip height. Now slowly walk your fingers up the wall as far as you can until a stretch is felt and then slowly return to start position. Try and go a little higher each time. This can also be done in a side on position to the wall.

Exercises phase 2

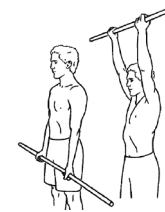
Phase 2 exercises can be started when you are able to do all the Stretching and mobility exercises in

Phase 1 with **no adverse effects**. Continue with the stretching exercise of phase 1

MOBILITY EXERCISES

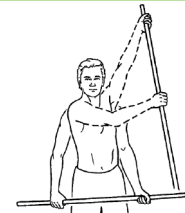
- Perform each exercise 10 times aim to repeat this 4-5 times a day.
- These exercises should not make your pain worse. They should be undertaken within a pain-free

range, although you may push into your pain provided it eases when you move your arm back again.



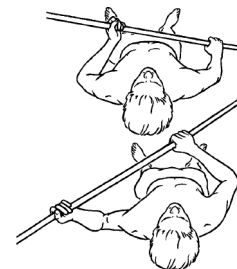
FLEXION WITH STICK

Bring stick directly overhead, leading with uninvolved side. Reach back until you feel a stretch.



ABDUCTION WITH STICK

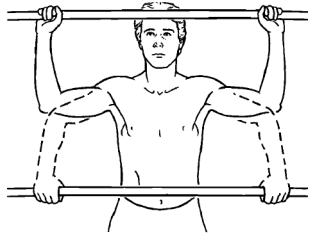
Holding stick with involved side palm up, push stick directly out from your side with uninvolved side (palm down) until you feel a stretch.



LYING INTERNAL/EXTERNAL ROTATION WITH STICK

Hold stick with involved side palm up, push with uninvolved side (palm down) out from body while keeping elbow at side until you feel a stretch. Then pull back across body leading with uninvolved side. Be sure to keep elbows bent.

Exercises phase 2 (continued)



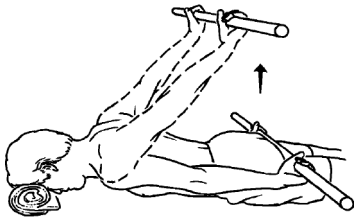
STANDING INTERNAL/EXTERNAL ROTATION WITH STICK

Move stick upward toward head, then down toward waistline.



HORIZONTAL ABDUCTION/ ADDUCTION WITH STICK

Keeping both palms down, push stick across body with uninvolved side. Then pull back across body, keeping arms parallel to floor. Do not allow your trunk to twist.



EXTENSION WITH STICK LYING ON STOMACH

Lift backward from buttocks until a stretch is felt. This can be performed while lying on your front or in a standing position.

Contact us

This guide is designed to assist you in the self-management of your injury/condition.

We are here to assist your recovery in the shortest but safest possible time. If you have any uncertainties or queries regarding the information, please do not hesitate to contact us on:

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